

REQUEST FOR EXAMINATION OF EDUCATION RECORDS

To: _____ Address: _____
Board Secretary (Custodian)

The undersigned desires to examine the following official education records.

of _____, _____
(Full Legal Name of Student) (Date of Birth) (Grade)

(Name of School)

My relationship to the student is: _____
(check one)

_____ I do

_____ I do not

desire a copy of such records. I understand that a reasonable charge may be made for copies.

(Parent's Signature)

APPROVED:

Date: _____

Signature: _____

Address: _____

City: _____

Title: _____

State: _____ Zip: _____

Dated: _____

Phone Number: _____